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CAMP DYSENTERY.

By C. D. GRISWOLD, M.D.

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*Malarious Origin—Pathology compared with that of Malarious Fevers—
"Abortive" Treatment of Dysentery, &c. &c.*

DYSENTERY is the plague of the army. In hot climates it often proves more destructive to the life of the soldier than the enemy's projectiles. It is the foe the commander most dreads to see appear, for no skill in tactics, no advantage in position, or bravery of his forces, avails in the contest. With the appearance of dysentery in an epidemic form, the General is sometimes compelled to resign his command into the hands of the Surgeon, and wait events. It was this disease that decimated the French army so terribly in Egypt, the English armies in India, and our own in Mexico. Wherever large bodies of men are compelled to endure great fatigue during the heat of the day, sleep on the ground at night with only a blanket between them and the damp earth, and to cover and protect them from the dew and night air, there dysentery in its epidemic form is almost sure to appear sooner or later. The only other circumstances necessary to make it *certain*, perhaps, are a near approach to the tropics, or within them, and camping upon low grounds.

Cause of Dysentery.—Epidemic dysentery, it is believed by many systematic writers, has its origin in malaria. While in charge of the hospital as surgeon of the Panama Railroad Co. at Rujio Salgado, during the construction of that road on the Isthmus, I saw much of this disease, and was led from its behavior to regard it as essentially a malarious disease. During the rainy season, corresponding with our summer, when the men on the works were subject to drenching showers, and would go into their quarters, and perhaps lie down without taking off or changing their clothes, to awake in the night chilled by the cool air, dysentery became the prevailing disease. On the other hand, when drought prevailed, we had fever alone to combat. The treatment sustained fully

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the malarious nature of the disease. Opium and its concomitant adjuncts had little control over the discharges, but if possibly they were stayed by such means, a chill would set in followed by fever, to arrest which, quinine would be administered and the patient would recover as though no dysenteric symptoms had preceded it; but such a course would protract the case through several days—a matter of great importance, not only to the patient but the Company, inasmuch as the average expense of each man was five dollars a day. Where ninety out of one hundred were taken down with either dysentery or fever, within two weeks after arriving upon the Isthmus, it became a matter of the utmost importance to return the sick to their work in the shortest possible time. To this end we soon learned that quinine was as essential in cutting dysentery short as it was in accomplishing the same end in the treatment of the intermittent and remittent fevers—thus sustaining the opinion as to its malarious origin, instead of regarding the fever as a complication, as some would have it.

During a residence of five years at Fort Hamilton, L. I., I had frequent opportunities for observing and treating dysentery. This district is perhaps one of the most pernicious localities for miasmatic fevers in the vicinity of New York, and here I found dysentery as readily cut short by quinine as on the Isthmus. In 1859, epidemic dysentery prevailed to a considerable extent in Batavia and the surrounding towns in Genesee Co., N. Y., where I then resided. It proved very fatal under the usual treatment, the patients sinking ultimately into a typhoid state. Here, as elsewhere, I found quinine would bring the hæmorrhagic discharges to an early termination, and establish convalescence. Here dysentery was associated with a severe form of remittent, usually called typhoid fever, and which without the administration of quinine in many cases proved fatal.

From these observations thus briefly sketched, of the behavior of dysentery treated with and without quinine, together with the fact that it is always associated with some form of miasmatic fever, I have become satisfied that the agency of malaria as its cause is unquestionable. Its sporadic existence is not more frequent or difficult to explain than that of intermittent fever.

Pathology of Dysentery.—Those who remember the papers I contributed some years ago to this Journal, know that I regard intermittent, remittent and yellow fever, as all having one common or malarious origin. Spring malaria produces intermittent; mid-summer malaria, remittent of a simple type; later in the season, gastric, bilious and typhoid symptoms complicate it, upon which may be engrafted the virulent malaria of yellow fever from southern climates. Such was the case at Fort Hamilton and Staten Island in 1856. But little intermittent had prevailed that spring, but in July a severe form of remittent set in, with marked gastric and bilious symptoms, upon which the yellow fever poison became

engrafted and proved very fatal, except in cases where quinine was promptly and largely given on the first remission. Now these diseases are produced by a poison developed from inanimate matter, and that only, and therefore not contagious in any sense of the term. The same law and conditions pertain to dysentery, and when we add it to the list, we have the principal malarial diseases grouped together.

Let us glance at the phenomena exhibited in the different forms of disease we have classed together as arising from a malarious origin. In simple ague—the type of all grades of fever—we have during the chill an exsanguinous surface, with engorgement of the lungs principally, and to a great degree suspension of the development of animal heat. In remittent fever, we find the lungs not so generally involved, but the liver, spleen and stomach take on the congestion from the receding venous currents. The symptoms are gastric and bilious, and the general constitution is more seriously affected. In that form of fever regarded by many writers as idiopathically typhoid, we have still less chill, with greater depression of the vital powers, and subsequent ulceration of Peyer's glands, indicating a still more deep-seated congestion in the early stages of the disease. In dysentery, the primary congestion or engorgement takes place near the terminal extremity of the intestinal tract—in the rectum and colon, and as these organs are not so important in nutrition, the constitutional symptoms are not usually so depressing or dangerous. In yellow fever, the primary engorgement involves almost every interior organ essential to organic life, especially the liver, stomach and intestinal tract. In extreme cases, unless the virulent poison of the malaria is early neutralized by quinine, the venous engorgement is not relieved, the vitality of the blood is suspended, and it transudes into the mucous cavities and is ejected from the stomach as black vomit.

A little careful reflection will show that in each form of disease referred to, the symptoms and constitutional effects are in perfect accordance and harmony with the lesion, and that their distinguishing characteristics are from local causes, rather than from any radical difference in the primary source—that dysentery is just as truly a malarial fever as intermittent, its widely different symptoms being the result of the lesion, or seat in which the malarial poison takes effect. Why malaria in the spring should take effect principally in the chest; in the summer in the liver and stomach; and in the autumn in the small intestines or lower bowel, is more than I can tell, but the length of time the surface which eliminates the poison has been exposed to the sun before it becomes sufficiently dry to generate the malaria, seems to have much to do with it. In the former papers referred to above, I endeavored to show that vegetable decomposition in no case generates malaria, a conclusion which extended observation I believe will fully confirm.

Treatment of Dysentery.—Life in the camp is specially calculated to produce dysentery, or the local determination of blood to the lower bowels, when the primary cause is taking effect upon the nervous system. The hips are more frequently exposed to the ground, and without covering, than any other part of the trunk, while the recumbent posture upon the ground is most favorable to the inhalation of the malarial poison. The soldier subject to such habits requires a treatment specially adapted to his situation. He should take nothing calculated to increase his susceptibility to change of temperature, nor to impair his vital forces. To equalize the circulation, instead of abstracting by blood-letting from it, should always be the rule. No error in practice is more frequently advised in text-books than this of bleeding in dysentery. Fortunately, from necessity, it is generally, I believe, dispensed with in the camp. Bloodletting was never beneficial in diseases involving the mucous membranes, and its disuse is rapidly following a better knowledge of the pathology of dysentery.

Mercury is another remedy which has been highly esteemed in dysentery, from a confused idea that this disease was in some way a sequence of diseased condition, or deranged function of the liver. All careful observers will find the hepatic difficulty but an *effect* and not a *cause* in dysentery, as in all malarial fevers. The primary effect of malaria is upon the organic system of nerves, and hence the processes of nutrition and secretion are suspended. The liver being the largest secretory gland in the system, the effect in this organ is most apparent. Malaria serves to lock up all the secretions, and hence the true remedy is that which will neutralize this poison, when all the organs resume their functions and the system returns to health. The use of mercury in dysentery is not indicated by any condition of the disease, and in camp dysentery it cannot be too earnestly deprecated. Its effect upon the constitution when long continued is analogous to that of malaria—the destruction of red globules in the blood. It is irritating to the mucous surfaces when diseased, and serves no purpose that may not be attained by the most simple cathartic. Mercury and malaria cannot be endured in the same constitution without a two-fold injury to the vital powers. Bloodletting and mercury are good remedies when inflammation involves serous membranes, but when the mucous tissue is diseased, abstain from their use. The liver will take care of itself if the primary cause of the disease is properly attended to.

Alternate cathartics and opiates is a favorite course with the old physicians. I have seen a patient sink and die within three days from the effects of a cathartic, and this, too, after the physician had decided convalescence to be fully established. The practice which I have found preëminently successful consists mainly in the administration of powders composed of *Ind. rhei*, grs. ij.; *opii* and *ipæac.*, aa gr. ss. In preparing these powders I triturate the

ingredients thoroughly in a mortar, combining a little white sugar. When there is indication of acetous fermentation in the stomach and bowels, add a little sub. carb. soda. When there is obstinate constipation, increase the rhubarb; if the bowels are relaxed, lessen it. If fever runs high, increase the ipecac. until nausea is produced. The rhubarb will work its way through the bowels and carry the opium to the seat of the disease, preventing the formation of scybala or the necessity of other cathartic remedies. When there is no fever at the commencement, I give quinine to the adult in four-grain doses, alternating with the above powder, every third hour. When there is well-marked pyrexia, wait until a distinct remission before giving the quinine; it should be continued until 16 to 20 grains are taken, or cinchonism is produced. With this simple treatment, commenced early in the disease, the great majority of cases will be cut short within forty-eight hours, and the patient may be permitted to go about his business. On the Isthmus a patient was seldom detained from his work more than one day from an attack of dysentery; and in simple ague he was merely required to report himself at the hospital before each meal, to take his quinine and go to his work regularly, in the majority of cases. The proportion of deaths to the whole number of cases on the Isthmus was very small, the statements of the secular papers to the contrary notwithstanding. The whole number during the first and second year was about 35. I have seen the number stated more than the whole number of persons, both native and foreign, ever employed upon the road from its commencement to its completion.

A wide-spread prejudice obtains with the public against the use of quinine, and many physicians do not seem to be much better informed upon the subject. It is as harmless, in producing any permanent constitutional effects, as capsicum. I have administered over a hundred ounces from first to last, without ever discovering any injurious effects from it. During the yellow fever epidemic at Fort Hamilton, L. I., and during and subsequent to an attack of that disease, I took about two hundred grains of it, and have never been in better health in my life than since. It should be remembered, however, that I was a month almost constantly breathing the poisoned atmosphere of that district, having no time to attend to myself as I did others, taking the remedy at hap-hazard as I felt the indications coming on. Quinine alone has no permanent effect in preventing the recurrence of fever. It simply neutralizes the poison of malaria for the time being. More permanent results were obtained from the use of the bark in powder, as administered before sulphate of quinine came into use. A concentrated preparation of the calisaya bark should always be used after breaking up a fever with quinine, in private or hospital practice.

The use of spirits by those subjected to a malarious atmosphere

is exceedingly prejudicial. There are few constitutions that can bear up under the combined effects of malaria and strong drinks; fever is hastened and rendered less amenable to treatment by such practice. On the Isthmus this was most thoroughly tested, not only among the laborers, but with the people generally. Of the four deaths that occurred in my department, two of them were from this cause.

Many measures may be adopted by the physician or army surgeon not indicated here, for the relief of the patient suffering from dysentery; my object being to establish general principles for the "abortive" treatment of the disease, and not to dwell upon the minutiae. If I have succeeded in calling attention to, and pointing out the way by which the miasmatic origin of dysentery may be recognized, I am confident that it will lead to a more speedy and successful treatment of this disease than that generally advocated by text-books and the profession.

Cleveland, O., August, 1861.

HOSPITAL CONSTRUCTION.

By FRANCIS H. BROWN, M.D., CAMBRIDGE.

(Concluded from page 54.)

WE come now to ward construction.—Each pavilion, or, if in a block, each portion representing a pavilion, should have an inside measure, approximately, of 105 ft. $\times$ 25 ft. $\times$ 32 ft.; this would give two good wards of eighty feet in length, with twenty-five feet for nurse rooms, &c. at the ends. This size would allow for twenty beds a cubic space of 1600 feet to each, or, for 32 beds, 1000 feet. The latter amount of air cannot well be diminished, without injury to the patient. The buildings in our climate, should, of course, be built of stone or brick, as being the most durable articles. They should be fire-proof; the horrible *prospect*, even, of a fire in a hospital, filled with feeble and helpless beings, will explain this demand—the floors, walls and ceilings of some impervious materials, or as near that as may be. The amount of organic matter given off in such an establishment is large, and, under unfavorable circumstances, these surroundings become dangerous absorbents. The floor should therefore be of hard wood—our southern pine forms a good material—the grain of the wood saturated with varnish to render it more fully impervious. Still a better material would be encaustic or other form of tile, did not its coldness preclude its use; however, the halls and corridors, throughout the buildings, should always be so laid. If the walls and ceilings are simple plastering, they should be so protected as to be perfectly imporous, thus rendering the absorption small and facilitating frequent cleaning. The walls should be colored with some light tint, never with dark—as before said, sunlight can be

easily excluded at any time by artificial means, but never made. At the same time, the darker tints give a sombre hue to the ward and have an ill effect generally on the moral condition of the patients. There should not be more than two stories to each pavilion, nor more than one ward to each story. Buildings of two stories are most for the advantage of the sick, and for economy and ease of administration; the sick are thus spread over a large space and the walls are not so high as to interfere with the transmission of light and air. Ample stair-cases, always of iron or stone, always with a moderate rise and well protected by balusters, to be provided for each pavilion or portion representing a pavilion.

Lifts or dumb waiters for the conveyance of food to upper wards, as well as for carrying convalescents and cases of accident and for the removal of the dead, to be used in every building. If only for the conveyance of convalescents, who would be much benefited by every half hour's walk in the open air, their value would be incalculable. One often meets, at the top of a flight in a hospital where no such means are provided, a patient—perhaps convalescent from typhoid, or in an advanced stage of phthisis, or, still more marked, with cardiac disease—just returned from an excursion; benefited, indeed, by the walk and the fresh air, but perfectly exhausted by mounting one, perhaps two or more flights to reach his ward. The lift, besides requiring only one occasional attendant, will carry a patient up with an ease and safety which no other means can equal.

Hot and cold water should be freely dispensed in every ward of the house; this should either be drawn from a tank, situated, preferably, outside the building, or from a main under pressure. With the supply of pure water which all our cities now have, it may be taken directly from the main.

No drain should ever pass under any part of a hospital. All water closets, bath rooms and other places where water may be used, should be placed near the outer wall of the building, and the drain pass through the wall and directly away from the building to an appropriate sewer. This will frequently necessitate three or four sets of drains from a building. Even this, however, is far preferable to those liabilities which we know are constantly occurring in some of our best hospitals and private dwellings, from the drains passing below the cellar in whole or in part.

Gas should be freely distributed over the buildings. Nothing, of course, need be said further of it, than its great advantage in night nursing; the ease with which it can be turned to a perfect glimmer of light, and, in case of sudden need, turned up to illuminate a whole ward.

Size of Ward.—In speaking of pavilion size, I spoke, incidentally, of the size for each ward. The number of patients in a ward and the size of the ward are, of course, convertible terms, and we must therefore consider them together. The best size of a ward, for

ensuring the two conditions of recovery and discipline, is such as will hold from twenty to thirty-two. Wards containing more than thirty-two are undesirable, as making the ward unit much too large for economical and easy attendance, as well as, from architectural rules, making the necessary ventilation expensive. Wards smaller than twenty are undesirable for several reasons:—they are more difficult of ventilation; the dividing up of a certain space into four wards, is merely interposing four walls to stop the free circulation of air, and, consequently, ventilation; increasing the number of corners for stagnating air, inversely to the number of patients, as the number of wards is increased. The good of the sick should, of course, be the first object in the construction of a hospital; it so happens, however, that the safer plan for the patient is the more economical; the expense of one ward of thirty-two is, of course, less than of four of eight each. A number of small wards is objectionable, too, on account of attendance; two nurses, with one or more orderlies, could, in a well-regulated hospital, oversee a ward of thirty-two, while they could not do the same for four quarter wards. In the event of death in a ward, the survivors are much more liable to be affected by it if few in number. Taking, then, twenty and thirty-two as the outside limits of the ward unit, it remains to determine the cubic space to be allowed each patient. This is an important point, as cubic space and ventilation go hand in hand. In English Hospitals, the amount of cubic space varies from 600 to 2000 feet to each; in some of their military hospitals, less than 300 feet; Hennen recommends 800 feet to each. In Paris, 1700 feet are thought advisable; Lariboisière has 1760. With the single exception of St. Luke's Hospital (New York City), I am unable to give any statistics in regard to American hospitals. In this institution, 1092 feet are allowed to each patient within the wards, and, including the adjacent corridors, 2079 feet. In this country, and in any place other than the most populous localities, such a space seems unnecessarily large; I think from 1200 feet to 1500 feet, under ordinary circumstances, is sufficient. The ward should be not less than twelve, nor more than eighteen feet in height. Beyond these points ventilation would be prejudiced. The width, in like manner, should not be more than thirty feet; if more than this, it becomes difficult to create a current.

In a pavilion ward, the beds should always be on the two sides; the foot of the bed towards the centre, and the head one or two feet from the wall; by the latter arrangement, more perfect ventilation and easier access to the patient may be obtained. This would give, in a ward of twenty-five feet, about eleven feet clear between the two rows.

In no hospital, of whatever form, should the beds be arranged along a dead wall or in such a manner that more than two rows are placed between opposite windows. The former arrangement deprives the patient of his due amount of light and air; the latter

causes the impure air and effluvia of several patients to pass over neighboring beds, till it reaches the opposite window or ventilator and escapes. In a large proportion of the hospitals now built, the faults here named, with some modifications, exist. In the plans of some English hospitals, we see that the air passes over as many as *eight* beds between opposite windows. To cover one side of the building with a corridor or closed balcony is unadvisable; it, in fact, creates a dead wall, with the additional disadvantage of connecting various wards; making the impure air of each common, and so constituting a hospital atmosphere.

Ventilation may be accomplished by windows, by ventilators, by open fire-places, and by currents of air thrown into the room by fans. "Natural ventilation, or that by open windows and open fire-places, is the only efficient means for procuring the life-spring of the sick, fresh air. Unless the air within the ward is as pure as it is without, the patients had better be away."* The principle of natural ventilation actuated the founders of St. Luke's Hospital in the erection of their building, and with good result. "The whole study of ventilation has been to discard mere theory and be confined to natural laws and simple movements of air; there has not been a single attempt to make the air, in its progress through the several parts of the building, take any other than a natural course, and, from the experience of the past few months, there can be no doubt of the complete working of the plan of ventilation."† The windows, as I have before said, should be on both sides the ward, one for each bed, or at least one for every two; within two or three feet of the floor and up to the ceiling—on the sunny side, to be provided with curtains or blinds. Ventilators, connecting with flues and with a good draught, should be numerous, for the purpose of purifying the ward in very cold or inclement weather. In hospitals where the ventilators are within the control of the patients, we may frequently find them closed, especially during cold or stormy weather; just the time when the closure of the windows renders such means of purifying the air most desirable. Sailors, in particular, who spend much time in confined, and—in stormy weather—perfectly closed forecastles, no sooner get within the precincts of a hospital, than they close up every aperture they can reach, whether accidental or arranged for the purpose of ventilation. The ventilators may be assisted, as at St. Luke's, by currents of air thrown in by powerful fan-wheels.

Open fire-places, as a matter of hygiene, would be the best means of heating a ward; such an arrangement, however, localizes the heat too much around certain points. It would be well if these could be made the principal means of warming, with the aid of a hot air furnace to equalize the temperature; the furnace being a secondary means. Unfortunately, as a matter of

* Nightingale, p. 10.

† An Account of St. Luke's Hospital, &c.—New York, 1860, pp. 56.

economy, such a method is not practicable, and open fire-places, except as a rarity, cannot be indulged in. We must then use furnaces, thereby ensuring a constant draught of fresh, heated air. Heat produced by radiation, either from steam-pipes or stoves, should never be thought of; this is merely a means of heating the same air over and over again, without any change in its character, except for the worse. Steam may, however, be used as a heating element, as is done at St. Luke's Hospital. The coils of pipes are placed in brick chambers, situated in the cellars—these chambers are constantly supplied with pure air from without, and the air, heated by contact with the pipes, is conveyed by flues to the various parts of the building.

We now come to the minutiae of ward construction and its adjuncts. Every ward in a well-regulated hospital should have the following connections:—nurse-room, bath-room, water-closet, dining-room, and, for want of a better name, scullery.

The nurse-room need not be large; sufficient to accommodate the head nurse, with her assistant, by night and day; situated at one end of the pavilion ward; with a door opening into the same, and also into the common hall; with a window, too, opening into the ward, by which a view can be commanded of the whole at any time. The medicines and liquors should be kept in her room, where she alone can be responsible for them; including, not only the regular daily medicine of the patients, but such other drugs as may be needed in cases of emergency.

The bath-room, situated at the opposite end from the nurse-room, should be provided with set bowls and bathing tubs, and furnished with hot and cold water. Such an institution should have, too, a portable bath, for the use of patients too feeble to reach the bath-room. A sulphur bath should, of course, exist in every hospital: it should not, however, be in the room generally used as a bath-room, as the pungent and persistent fumes of the sulphurous acid would be an annoyance.

Water-closets should be situated at the end opposite the entrance; or, in a building with wings, always at the distal extremity; to be well lighted and ventilated, and separated from the ward by a lobby or entry, also to be lighted and ventilated; at least one water-closet should be furnished for every ten patients. This department should also embrace a deep sink or receptacle, well provided with water, for the discharges received in bed-pans.

In every ward there will be patients who can be out of bed most of the day; and for such, a dining-room should be furnished. Patients who can be out of bed should never dine in the wards; this practice is disagreeable, often disgusting to the sickest and the least sick of the patients. To the former, the smell and sight of food they cannot eat is generally distressing; often positively injurious. With the latter, the disagreeable odors and disagreeable sights and sounds, which must be continually occurring and to

which the attention is more forcibly called by the concomitance of circumstances, will be very apt to blunt the returning sharpness of a convalescent appetite. The dining-room need be no larger than the nurse-room.

There should be a small room at the end of the ward to serve as a general laboratory; necessary small cooking might be accomplished here; dishes and other articles washed, &c.; and it would serve as the general store-room for brooms, pails and other articles used about the wards. Various minutiae of ward service, which, in many of our hospitals, are now performed in the wards or corridors, would find their appropriate place in such a room.

Ward furniture should be simple and durable; the bedsteads of iron, with iron sacking; the mattresses of hair—straw is cold, and husks, rattan shavings, &c. are too hard for the limbs of the sick. I would recommend chairs and tables of chestnut or some similar hard wood, unpainted and unvarnished; the prime cost would be but little above that of common pine; the durability and permanent neatness would fully compensate for the difference in price. Everything not necessary for the convenience or conduct of the ward, had better be out of it, than in; thus closets and wardrobes occupy too much space, and interfere with the free circulation of air; while these and all unnecessary articles of furniture are at all times in the way.

It remains to speak of some hospital adjuncts. I think there should be, in all hospitals of any size, convalescent wards. There must, at all times, be patients recovering, as well as those very sick, and the influence of one of these classes on the other must be prejudicial; the unavoidable conversation and motions of the convalescents will disturb the sick; while the prostration, distress and cries of the sickest, perhaps the death of a patient, will have an injurious effect upon those recovering.*

No hospital is complete without covered exercise grounds, well lighted and aired. These might be immediately connected with the main buildings; they should never be so connected as to form wings, with closed angles; they should never exist as corridors, attached to the side of the building; both plans would materially interfere with due ventilation. *Open* corridors would undoubtedly be of advantage, as furnishing a good exercise ground on the ward level. Exercise grounds might be provided with gymnastic implements; at any rate, with some appropriate means for restoring the mental, as well as physical vigor of the recovering. One can often notice the retarding influence of a long storm on a ward full of patients, in an institution where no such means are provided.

* The excellent success which the tent and hut hospitals had in the Crimea might suggest a similar arrangement in connection with our civil hospitals during the warm season. Why might not a large tent or marquee be set up on the vacant land of our hospitals during the warm months, to serve as a dormitory for the convalescent? Any person at all conversant with hospital service, must know the injurious effect at times of "hospital air," and must have been witness to many slow recoveries under such influence, which would have been otherwise comparatively rapid.

It is not so much the carefully-prepared prescriptions and the well-arranged diet which very many of our patients, especially chronic and convalescing cases, require; as it is that mental and moral medication which a certain amount of wholesome exercise, with a due proportion of some amusement, affords. "The epigastric tyranny, which so afflicts the maid of Erin, chained to her laborious routine; or yet the evil demon of the sewing girl, the stitch, begotten of the stitch," will long fail to yield, unless assisted by some other means than subnitrate of bismuth and Burgundy-pitch plasters.

One building should be devoted to all such diseases or states of disease as may be injurious or offensive to the patients of the wards, such as delirium—acute or permanent—offensive discharges and odors. It should be divided into small rooms, each containing but one or two beds; the windows guarded with bars; the walls of one to be padded; the whole building to be even more fully ventilated than the common wards.

Operating room.—Its chief requisite is light, and this in abundance and from above. For this reason the room would best occupy a dome, if the institution were possessed of such. It should contain the surgical instruments of the establishment, and be provided with water, hot and cold, and with suitable amphitheatre for students, if the hospital is intended for clinical instruction.

The accident room may be small; it should be near the rooms of the resident officers, and well lighted by day and night; supplied with water, as well as with those appliances, which may be required in cases demanding immediate action, before the patient is carried to the ward. Frequently patients come in at night, with severe injuries or seriously ill. To carry such into a ward at that time would prove injurious to all; perhaps seriously so to those most ill. For such emergencies, a small casualty ward, perhaps of only two or three beds, would be of advantage, from which the patient, in the morning, might be carried to his appropriate place.

The dead-house demands attention, in order to allow me opportunity to speak of one point—the removal of the dead. I have spoken of lifts, as being advisable partly for this purpose. They should be carried to the cellar, there connecting with an underground passage to the dead-house, which should, of course, be at some distance in the rear of the other buildings. The injurious influence on patients, perhaps females, perhaps convalescents, perhaps those consciously fatally ill; the disagreeable effect on those in the yard or on persons in the neighboring houses, of removing the dead by the passages and through the yard, need only be mentioned to be guarded against. The dead house should, of course, have an autopsy room adjoining it.

A hospital kitchen forms, secondarily, a part of the sanitary construction of the institution. It should always be away from the buildings used as wards, never under them; always with a high,

ample chimney to carry off smoke and effluvia. The cooking apparatus, boilers, &c., if situated in the centre, will afford the largest amount of fire space, as well as favor economy, however small, of heat. Around the side may be arranged tables for the preparation of meats, pastry, bread, &c. The floor should be of flags, as a means of cleanliness and permanent economy.

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REPORT OF THE SURGEON OF THE EIGHTH REGIMENT, M. V. M.

In presenting the enclosed statistics of the sanitary condition of the 8th Regt. during the period of its enrolment in the service of the United States, I would recognize with devout gratitude that kind Providence which through fatigue, trials and exposures, has preserved us all and returned us to our homes an unbroken band. This is especially remarkable, in view of the fact that the men were submitted to no medical examination, which would have rejected many as the subjects of disqualifying diseases: most of the patients remaining any length of time in our hospital being those suffering from chronic diseases. Exchanging the comforts of home, at an hour's notice, for the exposures of military service, the regiment, after a forced march of some ten days! the details of which have become historic, reached Washington, and was quartered in the damp and cold Rotunda of the Capitol. The supply of bedding was insufficient, and many of the men were compelled, some without a blanket even, to lie on the damp stone floor. At the end of a week, these quarters were exchanged for the galleries and rooms surrounding the Representatives' Hall. The location of Camp Essex, near the Relay House, Md., where the

regiment was quartered for nearly seven weeks, was a most desirable one. The facilities for drainage were excellent, and the utmost care was exercised by the officers to ensure cleanliness in the camp. Water was easily obtained, and excellent in quality, and to this fact I attribute much of our freedom from disease. Camp Andrew, in Baltimore, to which the regiment was moved during the month of July, furnished an equally desirable location.

Sickness.—The exposure during the march and while quartered in the Capitol resulted in some sixty cases of tonsillitis, and thirty-two of diarrhœa. Most of the cases of tonsillitis were mild, and easily controlled by the use of a solution of chlorate of potash, few advancing to suppuration. One case of variola was seen. The patient was immediately sent to a special hospital, and measures taken to prevent infection. No other case was reported. Most of the cases of diarrhœa were caused by exposure. A flannel bandage, worn around the abdomen, has been found to be an efficient preventive, and I would earnestly recommend that sufficient flannel be furnished to our regiments to supply this simple safeguard to the men. Many cases were caused by the use of fresh meat. At a small expense for ice, the meat could be so far cured as to obviate this difficulty, and at the same time be rendered fit for transportation. Six cases of typhoid fever occurred, all but one among members of Co. K, stationed for some weeks at Fort McHenry, where some ninety cases have occurred. In seeking for some local cause, it was ascertained that the labor required of the troops had, necessarily, been exhaustive—that they had been quartered in brick buildings formerly used for stables, and that the surface drainage of the city borne down the harbor is deposited in considerable quantities near the Fort. Whether or no these are the true causes of the prevalence of the disease in that locality, the *fact* demands investigation at the hands of the local authorities.

Hospital Accommodations.—The old Senate Chamber, fitted for the purpose, furnished ample accommodations for our sick when in Washington, while the active exertions of Miss Dix, and the devoted attention of Miss Lander and other ladies, supplied to them all the comforts possible. After taking the field, we were without suitable tents, no hospital tent being furnished before the middle of July. The sick were quartered at the Relay House during our stay in that vicinity, until the establishment of a Post Hospital, a few days before we left. At Camp Andrew, the sick were provided for in an unoccupied house near the camp. My frequent requisitions failed to procure the needed hospital stores, and it was only through the liberality of Hon. J. B. Alley and the officers of the regiment, that I was enabled to procure supplies for the absolute wants of the sick until I obtained stores from Massachusetts.

The medicines and appliances furnished by the State were excellent in quality, and more than sufficient in quantity for the use of the regiment.

In conclusion, I would gratefully acknowledge the active coöperation of Mr. Tapley, Acting Assistant Surgeon, and of the officers of the regiment. The tact, capacity and untiring zeal of Hospital Steward Alley, and Ward Master Warren, deserve especial mention, and I would most earnestly recommend their re-appointment in some one of the regiments enlisted for the war.

Respectfully,

BOWMAN B. BREED,
Surgeon 8th Regiment, M. V. M.

LETTER FROM DR. KIMBALL—HOSPITAL AT FORTRESS MONROE.

[The following is a portion of a letter from Dr. Gilman Kimball, of Lowell, and is taken from one of the papers of that city.]

Fortress Monroe, August 5th, 1861.

— : Although the interest in this still important post has considerably diminished of late, while the eyes of the nation are being turned hence particularly towards Manassas and Washington, Old Point Comfort and Fortress Monroe must still be regarded as a point just as essential to the progress and final success of our war as ever it was.

The great diminution in the number of our troops has, of course, necessarily greatly diminished the number of sick and wounded in the hospital under my charge. Last week our register showed the number of patients in hospital to be 170; at present we have but 130. Two weeks hence I doubt if we shall be able to count more than 50, all told—certainly not, unless there is an arrival of more troops.

During the two months of my connection with the medical and surgical department at this post, I have had under my charge about five hundred patients, most of them, of course, subjects of medical treatment, while the surgical cases scarcely exceeded fifty—all these latter, gun-shot wounds. You will be surprised to learn that of the cases of *disease*, three only have thus far proved fatal—one from consumption, the remaining two from fever. From gun-shot wounds we have lost four. In two cases the bullet had entered the abdomen, in another it had passed through both arms and both lungs, while the poor fellow was in the act of taking aim at the enemy. The fourth case was from mortification, ensuing from a terrible wound in the thigh—an accidental wound.

Several of the recoveries from these wounds have been very remarkable—two of them fractures of the thigh-bone by a ball passing through the limb—in one case close to the hip-joint, and the other through the middle. These were interesting exceptions to the almost never-failing rule, loss of limb, at least, and too frequently loss of life. One young man is now recovering from a wound produced by a bullet entering just below the breast bone, and lodging *somewhere* in the abdomen. From the deep jaundiced color of the skin that ensued almost immediately after the accident, it is probable that the ball had entered the liver. For several weeks this case was regarded as hopeless; he is now almost sure of recovery.

A few days since, I extracted a ball from the leg of a young man who had been wounded seven weeks before, at the battle of Big Bethel. It had struck the shin-bone, and so accurately upon its spine as to cause it to be split almost completely into two hemispheres, and yet the bone was not broken, and his recovery is certain.

Our cases of sickness consist mostly of fevers. They are remittent in type, and evidently of malarious character, entirely different, in most respects, from the fevers of the North, and requiring an entirely different kind of treatment—tonics and stimulants in every case. The number of deaths you will acknowledge to be extraordinarily small, and indeed almost incredibly so—a coincidence, I grant, rather than a proportion reasonably to be expected. *Something*, however, we think, should be put to the credit of hospital arrangement. No pains have been spared to make the accommodations for the sick as completely

comfortable as possible—as much so, in fact, as can be found anywhere, even in the *civil* hospitals in New England.

There can remain no doubt upon the question of female nurses in these establishments. The advantages of this arrangement cannot be easily over-estimated. I have had ample experience both ways—with-out them and with them; and from this experience I give the above opinion. Let any one, however indifferent, ordinarily, to general household appearances, pass through the main passages of our hospital, and cast a glance into the different wards, no matter what time of the day or what time of the night, he will at once see and feel the effect of female management. But the benefit of this newly-adopted plan of hospital nursing does not consist merely in what is observed in the general order and neatness of apartments, or even in the universally acknowledged superiority of personal *bed-side attendance*; it is especially observed in the decided impression it makes upon the *moral* condition of our patients, suggesting to their minds the importance of regarding the same rules of propriety and orderly conduct they have been wont to observe at home. Another moral effect to be noticed is the cheerfulness and grateful acknowledgments exhibited by those whose helpless condition requires just such attention as female hands *only* can supply. Setting aside every form of argument that theoretically suggests itself in favor of female nursing in military hospitals, I think the history of two or three cases, now in my mind, that occurred with us during the last month, could they be pictured to the mind, as I saw them, and as others saw them, from the day they came under our charge till they were terminated by death, would prevent any one, with a sound mind and a respectable share of humanity, from doubting upon the subject. It is not necessary to state specifically the various things done for these persons; it is enough to say that in no particular could they have received more kind or constant, and, I may say, more *skilful nursing*, even at their own homes and surrounded by their own relatives and friends. This condition of things, compared with what it must have been in the camp, or regimental hospital, had they remained there, or even in a military hospital, with only the comparatively coarse and rude nursing of male attendants, should quiet all doubts upon this important question.

Although our best efforts to save these fine young men proved ineffectual, they have been by no means without the gratifying results, as we already *know* they have afforded unspeakable comfort to bereaved relatives and friends at home, while to those who were at that time, as well as to those who have since come under our care, there has been given an assurance that their condition under all circumstances should be properly cared for.

You will have learned by the time this reaches you, that the neighboring village of Hampton has been burnt. Although already evacuated as to its usual residents, the destruction of property and distress to the negro population there, has been very great. What is to be done with the wretched blacks thus left without a shelter and without the means of subsistence, nobody can tell. They are flocking in upon us by the hundreds every hour, and till some special provision is made for them, they must not only live in many cases without shelter, but be dependent, almost entirely, upon Government stores, to keep them from positive starvation.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, AUGUST 29, 1861.

In a country unused to war, and in an army composed for the most part of undisciplined men, it is hardly to be expected that the complete efficiency of this arm of the government service could be reached without the lessons which time and experience alone can furnish. One of the most important parts of the discipline of such a body is that which relates to the dietary department; and to the perfecting of this we are glad to see that much attention is now being given, an act having recently passed Congress by which a greater variety of food will hereafter be allowed to the soldier—a bill of rations more easily adapted to the varying climate and season to which the army must in the present war almost necessarily be subjected. Hitherto the dietary range has been far too narrow to meet the requirements of men engaged in field operations, and the subject has only now been forced upon the attention of the government by the exigency of the impending crisis. What renders the subject peculiarly important at the present time, is the fact that the army is composed in a great part of volunteers unaccustomed to the vicissitudes of climate, and to the fatigue and exposures of camp life; and it is quite certain that, unless the most careful attention had been given to this subject, during the coming autumn months it would have been seriously diminished in force and efficiency. Hitherto the ration bill (we quote the words of a recent writer) has presented too concentrated a form of diet for continued use; abounding in fibrin, gluten and fat, and without a sufficiency of starch, mucilage and acids: “Aromatic herbs and spices, so necessary to health, particularly in hot climates or seasons, have been omitted, while fat pork, an article contra-indicated in summer, both by the state of the appetite and the physiological necessities of the system, has constituted the sheet-anchor of its animal food.” When it is considered that our volunteer troops are principally from a northern climate, and now for the first time are subjected to almost tropical heat, in a malarious district, the importance of this subject cannot be overrated. By reference to the recent enactments on this subject, which we give below, it will be noticed that the addition of fresh vegetable food to the regular ration, affords a more mixed, instead of the hitherto too exclusively animal, diet furnished the soldier:—

“SEC. 13. *And be it further enacted*, That the army ration shall be increased as follows, viz.: Twenty-two ounces of bread or flour, or one pound of hard bread, instead of the present issue; fresh beef shall be issued as often as the commanding officer of any regiment or detachment shall require it, when practicable, in place of salt meat; beans and rice, or hominy, shall be issued in the same ration in the proportions now provided by the regulation, and one pound of potatoes per man shall be issued at least three times a week, if practicable; and, when these articles cannot be issued in these proportions, an equivalent in value shall be issued in some other proper food, and a ration of tea may be substituted for a ration of coffee, upon the requisition of the proper officer: *Provided*, That after the present insurrection shall cease, the ration shall be as provided by law and regulations on the first day of July, eighteen hundred and sixty-one.

"SEC. 14. *And be it further enacted*, That there may be allowed in hospitals, to be provided under such rules as the surgeon-general of the army, with the approval of the Secretary of War, may prescribe, such quantities of fresh or preserved fruits, milk or butter, and of eggs, as may be necessary for the proper diet of the sick."

Another point of much importance in reference to the diet of the soldier, is its quality. In a late number of the London *Lancet* it is stated that in a large proportion of the cases of sickness in the British Army, the origin of the complaint is to be attributed to the inferiority of the food furnished them; a most reasonable opinion, as the following extract will show:—

"For what these beverages, dignified by the names of tea and coffee, are really composed of, would puzzle any but an analytical chemist to determine. The mixture substituted for the fragrant Mocha possesses such strong detergent qualities that, whenever practicable, it is exchanged for that representing the choice Bohea, which has the advantage of being harmless, though at the same time it is marked by a flavor, compared with which that of the sloe-leaf would be delicious. With regard to the bread, there are seldom more than two faults to be found with it: a slight sourness, indicative of a prodigality of alum; and a slight doughiness, indicative of an economy of fuel on the part of the baker. If, however, tea, coffee, and bread are indifferent, the meat is worse than indifferent. Carcasses are sent into barracks day after day, at the sight of which even Dr. Letheby himself would stand aghast—carcasses of sheep which present most unmistakable signs of having escaped a violent death—carcasses of larger quadrupeds which may or may not have belonged to the bovine species. Nor is the quality of the meat improved by the cooking. Huge lumps of flesh are precipitated into a boiler, where they remain a certain time, at the end of which they are taken out, done or underdone; they are then chopped up and hacked into smaller pieces, and divided into so many messes, according to the strength of the company. The fare of a farm laborer is generally supposed to be coarse, but there is scarcely ever a recruit fresh from the plough-tail who sits down to dinner with other feelings than those of loathing and disgust. Constant exercise at drill provokes hunger, and by degrees he learns to eat his mess with the reflection that if he does not choose to do so he may starve."

If we expect to succeed in the present struggle, it is of the utmost importance that the regimen of the soldier be carefully attended to. If we would guard him from the many morbid influences with which he must necessarily be surrounded, and, above all, if we would avoid another Bull Run catastrophe, let him have an abundance of suitable food. We regard that reverse as due in no small degree to the half-starved condition of the Federal Army when brought into action, a result fairly attributable to ignorance and inexperience.

HOSPITALS IN WASHINGTON.—A writer in the *American Medical Times* gives a brief sketch of each of the hospitals now open in Washington and its vicinity.

The Washington Infirmary has been established for several years, for strangers and homeless persons. The Sisters of Mercy, under the Professors in the Medical College, have had charge of it, and still continue under its military administration. It has 180 patients. Drs. White, Gouley, Butler, and their assistants, constitute the medical staff.

The Columbian Hospital has heretofore been used for collegiate purposes. It is an old five-story brick building, on the summit of Meridian Hill, with no water supply nor sewerage. Its chief physician, Dr. Abadie, is assisted by Drs. Asch, Brainard, Adolphus and Knickerbocker, and ten lady nurses. It now has nearly 250 patients, with fewer surgical cases than the other hospitals.

The C Street Hospital for Regulars is in a couple of dwelling houses in the rear of the National Hotel. It is now crowded, having 78 patients, mostly surgical cases. Its location is bad.

The Union Hotel Hospital, Georgetown, was formerly a public house, and much out of repair. It was the first hospital called for after the Infirmary was used for surgical cases. Dr. Gaineslan is the chief physician. Twenty-four patients were in the wards at the time of the visit. Women are employed as nurses.

The Seminary Hospital, Georgetown, was formerly used as a boarding school. It is under the management of Dr. J. R. Smith, and assistants Wolverton, Ripley, Norwood and Kennedy. It has 162 patients, mostly surgical cases. Seven well-trained women and two or three men do the nursing.

The Military Hospital at Alexandria, is in an old seminary, selected by Dr. King soon after the military movement upon Manassas had been ordered. The buildings have been turned into the best practicable condition, and they now contain 104 patients, mostly the wounded brought in from Bull Run. Dr. —, of the Navy, has charge, and there are two assistants, two cadets, eight lady nurses and a few subordinates.

A Sanitarium and Hospital for Convalescents has been opened at Annapolis, and 200 patients have been removed thither from Washington.

In all the Hospitals, about 500 of the patients are suffering from wounds, a few from dysentery, a considerable number have articular rheumatism, and the remainder typhoid fever, diarrhœa, &c.

MEASLES.—It is not a little remarkable that in the various camps, both north and south, the most prevalent disease by all odds has been measles. The very general employment of vaccination has thus far deprived variola of its traditional terrors. But for rubeola we have, at present, no reliable prophylactic. The only recourse, therefore, is to judicious regimen and treatment. Now, strange as it may appear, the treatment adopted is almost as diverse as the different camps where the disease prevails. In their commendable anxiety to distinguish themselves, it is to be hoped that our military faculty may not be tempted to employ the old, exploded, heroic, perturbing methods. Perfect cleanliness, good ventilation, very little medication and a few days' time, are all that is necessary for the vast majority of cases. Don't fill the patient's stomach with drugs, or his bowels with slops—give him fresh air and clean sheets. These are the essentials of good treatment.—*Chicago Medical Journal*.

ASCITES COMPLICATING PREGNANCY.—When, in a case of this kind, all the dropsical effusion is evacuated by means of the ordinary trochar and at one time, contraction of the uterus generally comes on at once; abortion or premature delivery, therefore, may be the consequence. To prevent this accident, M. Pigeolet advises a simple puncture to be made with a needle or a capillary trochar at the umbilical bulging, which almost always exists in these cases. The liquid escapes, drop by drop, and the danger of miscarriage is avoided. M. Pigeolet has employed this method in one case with entire success.—*Journ. de Médecine de Bruxelles*.

SPANISH ELECTUARY FOR RHEUMATISM; BY DR. FERNANDEZ.—Gum guaiacum, half an ounce; powdered rhubarb, 150 grains; cream of tartar, 380 grains; sulphur, 750 grains; powdered nutmeg, one; clarified honey, 11 ounces.—*Gaz. Med. Belge*.

DE BREYNE'S PILLS FOR THE TREATMENT OF CHOREA.—Camphor, 180 grains; assafetida, 180 grains; extract belladonna, 1 drachm; extract of opium, 15 grs.; syrup of acacia, q. s. Make 120 pills; one, gradually increasing to four, to be given daily.—*Presse Med. Belge*.

The New York Medical Association for the supply of lint, bandages, &c., for the army, which was organized at the commencement of hostilities, and which has expended \$11,548, has been recently dissolved—the Medical Department of the Army being now prepared to supply all necessary articles for the Hospitals.

THE total number of deaf and dumb persons in France is 21,576. Of these, 12,325 are males, and 9,251 females. The proportion, with respect to population, is 1 deaf and dumb person in 1,669 inhabitants; 1 in 730 men, and 1 in 939 women.

CLIMATE OF NICE.—M. Wahu, senior physician to the military hospital of Nice, has addressed a letter to *L'Union Médicale*, in which occurs the following passage:—"I have observed since residing at Nice that many patients with softened tubercles die here rapidly every winter, whilst they might have lived for months or years elsewhere. Persons, on the other hand, predisposed to phthisis, thrive remarkably in this climate; and no place is preferable to Nice for children and young people of both sexes whose constitution and hereditary tendencies are to be modified."

NAVAL.—Dr. B. F. Wilson, of New Bedford, has been appointed a surgeon in the Navy, and has entered upon his duties at Charlestown.

DR. KIMBALL, of Lowell, writes that he is making preparations to leave the Hospital at Fortress Monroe, as soon as his successor may be appointed.

JOSEPH HAYDEN, the young man so well known to the medical community as being the unfortunate possessor of an everted bladder, is now in this city soliciting pecuniary aid. Any one desiring to lighten the burden of his sufferings by any contribution, however small, can send it to the office of the *JOURNAL*, and the Editors will be responsible that it is placed in his hands.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, August 24th, 1861.

DEATHS.

	Males.	Females	Total.
Deaths during the week, ...	51	48	99
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	54.7	51.5	106.2
Average corrected to increased population, ...	..	..	118.5
Deaths of persons above 90, ...	1	..	1

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
11	17	2	1	3	0	7	2	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, ...	30.159	Highest point of Thermometer, ...	80.0
Highest point of Barometer, ...	30.422	Lowest point of Thermometer, ...	48.0
Lowest point of Barometer, ...	29.742	General direction of Wind, ...	W.S.W.
Mean Temperature, ...	65.0	Am't of Rain (in inches)	0.76

NOTICE.—We are requested to announce that the Forty-third Part of Braithwaite's Retrospect was mailed on the 23d inst., from this office, to all members of the Massachusetts Medical Society whose names are on the Treasurer's book as having paid their assessment. Members who have paid and have not received the part, are requested to forward their vouchers, addressed to the Librarian, at the office of the Medical and Surgical Journal, and the work will be sent by return of mail. In the notice by the Librarian, in our issue of the 4th of July last, the amount of the postage on Vol. XXIV. of the Library of Practical Medicine was not stated—it is ten cents. The Communications of the Society were likewise mailed on the 23d instant.

PAMPHLETS RECEIVED.—Annual Register of the Rennselaer Polytechnic Institute, 1861.—Proceedings of the Pathological Society of Philadelphia, Vol. I.—Proceedings of the Tenth Annual Meeting of the Illinois State Medical Society, held in Paris, Ill., May 8 and 9, 1860.

MARRIED.—In this city, 23d inst., Dr. William H. W. Hinds, Assistant Surgeon of 17th Regiment, M. V., to Miss Hattie M. Twiss, of Antrim, N. H.

DIED.—In this city, 25th inst., Dr. J. F. W. Lane, 44, a graduate of Harvard College of the class of 1837.—At Brandon, Vt., August 20th, Hon. A. G. Dana, M.D., LL.D.

DEATHS IN BOSTON for the week ending Saturday noon, August 24th, 99. Males, 51—Females, 48.—Accident, 1—apoplexy, 1—inflammation of the brain, 2—bronchitis, 2—burns, 1—cancer, 1—carbuncle, 1—cholera infantum, 17—cholera morbus, 1—consumption, 11—convulsions, 1—croup, 2—diarrhoea, 2—dropsy, 5—dropsy of the brain, 3—drowned, 2—dysentery, 7—scarlet fever, 1—typhoid fever, 2—gastritis, 1—hæmorrhage, 1—intemperance, 1—infantile disease, 4—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 5—measles, 2—old age, 4—pleurisy, 2—premature birth, 2—scrofula, 1—disease of the spine, 3—tabes mesenterica, 2—unknown, 1—whooping cough, 2.
Under 5 years of age, 51—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 15—above 60 years, 11. Born in the United States, 70—Ireland, 20—other places, 9.